

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-019402	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.
1			1	
2				1
3				1
4				1
5				1
6				1
7				1
8				1
9				1
10				1
11				1
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50				
TOTAL IND.		3		
TOTAL DER.				
TOTAL CLAIMS		4		

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
51								
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100								
TOTAL IND.		3						
TOTAL DER.								
TOTAL CLAIMS		4						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY